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DODWORTH
URBAN DISTRICT COUNCIL



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1954.

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DODWORTH URBAN DISTRICT COUNCIL

Divisional Health Office,
6 Victoria Road,
BARNSTABLE.

August, 1955.

ANNUAL REPORT
for the year ended 31st December, 1954.

To the Chairman and Members of the
Dodworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1954.

The report has the same general outline as those for previous years and includes once again a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The vital statistics on the whole were satisfactory though the birth rate was low and the death rate a little higher than usual. The most encouraging features of the vital statistics were the continued low infant mortality rate, the absence of stillbirths for the second successive year and the relative freedom of the district from any of the notifiable infectious diseases. On the latter point it should however be remembered that three of the common infectious diseases affecting children, i.e. German Measles, Chicken Pox and Mumps, are not notifiable.

It is pleasant to be able to record that 62 houses were built last year of which 60 were built by the Council. This is indeed most welcome progress, but while we have just cause for satisfaction in our housing programme last year, we can never be completely satisfied until the many sub-standard houses in the village are demolished and the housing needs of every family are met.

I would like to take the opportunity to thank the members of the Council for their continued interest in all matters relating to the health of the district, my deputy, Dr. R. Barnes, and my divisional health office staff for their willing assistance and your Sanitary Inspector, Mr. W. Murray, for his help and co-operation. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient servant,

R. S. HYND.

Medical Officer of Health.

URBAN DISTRICT OF DODWORTH

Statistics and Social Conditions

Area	3,850 acres.
Population (Census 1931)	4,245.
Population (Census 1951)	4,262.
Registrar General's estimate of population mid 1954	4,220.
No. of inhabited houses 31st December, 1954.	1,209.
Rateable value 31st December, 1954	£15,855.
Nett product of a Penny Rate 1954/55 ..	£57 : 10 : 6d.

Coal mining and agriculture are the principal occupations of the inhabitants of the district.

VITAL STATISTICS

Live Births

		Males	Females	TOTAL
Legitimate	30	23	53	
Illegitimate	-	2	2	

The number of live births registered was 15 less than in 1953.

As for previous years the Registrar General supplied a comparability factor which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by this factor gives an adjusted birth rate which is strictly comparable with similar adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district was 12.7 per 1,000 estimated population as compared with 17.1 per 1,000 estimated population in the previous year and with 15.2 per 1,000 estimated population for England and Wales.

Stillbirths

For the second year in succession no stillbirth was recorded in your district. The stillbirth rate for England and Wales was 0.36 per 1,000 estimated population.

Deaths

The adjusted death rate, obtained by multiplying the crude death rate with the comparability factor was 14.8 per 1,000 estimated population as compared with 12.9 per 1,000 estimated population for the previous year and with 11.3 per 1,000 estimated population for England and Wales. There were 48 deaths among the inhabitants of your district last year as compared with 42 in 1953. 12 of the deaths occurred in hospital and 48% of all deaths were due to heart and circulatory diseases. Statistics relating to death rates and the causes and age

at death are given in tabular form at the end of the section on vital statistics.

Infantile Mortality

There was one infant death only last year in a baby born prematurely and who died 5 days after birth. The infantile mortality rate was 18.2 per 1,000 live births as compared with 25.5 per 1,000 live births for England and Wales. The table, given below, of the infantile mortality rates for Dodworth over the past ten years compares very favourably indeed with the rates for England and Wales over a similar period.

In my last annual report I suggested that neo-natal deaths and stillbirths should be considered together for fundamentally the causes of death are often the same for both and particularly so in those neo-natal deaths which occur within the first week of life. The normal hazards of birth may, in one instance, result in a still-birth and in another in a live infant who survives for a matter of hours only. There is usually no difference in the cause of death save a matter of degree and it is perhaps being unnecessarily pedantic to classify the deaths differently. The Registrar General has suggested a new concept of peri-natal mortality to connote a combination of stillbirths with deaths occurring during the whole or part of the neo-natal period, but no standard definition has yet been adopted. Probably the most useful combination will prove to be stillbirths plus deaths within the first week. Such a concept outlines more clearly the problems connected with stillbirths and infant mortality for if the experience of the last two decades is examined it is evident that the peri-natal mortality (stillbirths and deaths under one week) has declined much more slowly than has the infant mortality after the first week of life. The reason is clear, the deaths which can be prevented have to a large extent been prevented and the opportunity for prevention occurs with much greater frequency in those infants who survive the first week of life. There certainly has been an improvement in the peri-natal mortality, but a great deal more research and knowledge will be required before more progress can be made.

A Comparison of Infantile Death Rates
of DODWORTH and ENGLAND and WALES for
Years 1945-1954

Year	Dodworth	England and Wales
1945	153	46
1946	60	43
1947	29	41
1948	25	34
1949	21	32
1950	13	30
1951	13.5	29.6
1952	22.7	27.6
1953	28.6	26.8
1954	18.2	25.5

Total of Births and Deaths in Dodworth
for the Years 1945 to 1954

Year	No. of Births	No. of Deaths
1945	78	52
1946	100	38
1947	104	38
1948	79	31
1949	94	36
1950	75	35
1951	74	44
1952	44	46
1953	70	42
1954	55	48

CAUSES OF DEATH IN 1954

Causes of death		Males	Females
1. Tuberculosis, respiratory ..	..	..	-
2. Tuberculosis, other ..	..	..	1
3. Syphilitic Disease ..	..	..	-
4. Diphtheria ..	..	..	-
5. Whooping Cough ..	..	..	-
6. Meningococcal Infections ..	..	..	-
7. Acute Poliomyelitis ..	..	..	-
8. Measles ..	..	..	-
9. Other infective and parasitic diseases		-	1
10. Malignant neoplasm, stomach ..	..	3	-
11. Malignant neoplasm, lung, bronchus ..	..	2	1
12. Malignant neoplasm, breast ..	..	1	1
13. Malignant neoplasm, uterus ..	..	-	1
14. Other malignant and lymphatic neoplasms		-	2
15. Leukaemia, aleukaemia ..	..	..	-
16. Diabetes ..	..	..	1
17. Vascular lesions of nervous system ..	..	1	4
18. Coronary disease, angina ..	..	6	1
19. Hypertension with heart disease ..	..	1	-
20. Other heart disease ..	..	7	6
21. Other circulatory disease ..	..	1	1
22. Influenza ..	..	..	-
23. Pneumonia ..	..	..	1
24. Bronchitis ..	..	2	1
25. Other diseases of respiratory system ..		-	-
26. Ulcer of stomach and duodenum ..	..	..	-
27. Gastritis, enteritis and diarrhoea ..	..	-	-
28. Nephritis and nephrosis ..	..	..	-
29. Hyperplasia of prostate ..	..	..	-
30. Pregnancy, childbirth, abortion ..	..	-	-
31. Congenital malformations ..	..	-	-
32. Other defined and ill-defined diseases		-	1
33. Motor vehicle accidents ..	..	..	-
34. All other accidents ..	..	..	-
35. Suicide ..	..	..	1
36. Homicide and operations of war ..	..	..	-

All causes 24 24

DEATHS IN AGE GROUPS

				Males	Females	TOTAL
Under 1 year	..	..	..	..	-	1
1 - 5 years	..	..	..	..	-	1
5 - 10 years	..	..	..	..	-	-
10 - 15 years	..	..	..	..	-	-
15 - 20 years	..	..	..	..	-	-
20 - 25 years	..	..	..	..	-	-
25 - 35 years	..	..	..	..	-	-
35 - 45 years	..	..	..	..	1	2
45 - 55 years	..	..	..	..	2	5
55 - 65 years	..	..	..	..	5	4
65 - 70 years	..	..	..	..	4	2
70 - 75 years	..	..	..	..	5	2
75 - 80 years	..	..	..	..	4	2
80 - 85 years	..	..	..	..	1	5
85 - 90 years	..	..	..	..	2	-
90 years and over	..	..	..	..	-	-
TOTALS				24	24	48

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1954

Based on the Registrar General's Figures

Dodworth Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (Prov'nal figures)
Birth Rate per 1,000 estimated population:			
Crude	13.0	14.7	15.1
Adjusted ..	12.7	14.8	15.3
Death Rate per 1,000 estimated population:			
Crude	11.4	12.7	11.9
Adjusted ..	14.8	12.8	12.5
Infective and Para- sitic Diseases ex- cluding Tuberculosis but including Ven- ereal Diseases	0.23	0.07	0.08
Not available			
Tuberculosis:			
Respiratory ..	-	0.18	0.16
Other	0.23	0.01	0.02
All forms ..	0.23	0.19	0.18
Cancer	2.66	2.12	2.01
Vascular lesions of the nervous system	1.18	2.03	1.84
Not available			
Heart and circulat- ory diseases ..	5.45	4.88	4.54
Respiratory diseases	0.94	1.27	1.22
Maternal Mortality	-	0.80	0.89
Infant Mortality	18.2	28.3	28.0
Stillbirths ..	-	26.6	25.9
			23.4

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation was readily found last year for those applicants who were ambulant and who could climb stairs without major difficulty. Importantly, the accommodation was provided as near to the applicant's old home as possible to allow him to visit friends easily, and maintain his former social contacts. The provision of ground floor accommodation for those, who in my last annual report I described as "border-line cases", remained difficult at times and during the winter months there was a waiting list of applicants. The waiting list might have been longer but for additional accommodation, of the small hostel type, being provided last year. All the old institutional accommodation has been modernised and the interiors of these buildings now have none of the somewhat forbidding austerity they possessed in former years.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

My comments on the hospital service provided for the division will be brief, for my position in this matter is that of an interested observer rather than one with direct responsibility for hospital management. No comment is necessary on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases for there can be little quarrel with the existing high standard of service. Hospital accommodation for tuberculosis has greatly improved in recent years, no doubt due in a large measure to the success of the newer forms of treatment. Accommodation for the chronic sick was very variable and appeared to be inadequate in the winter months, when the greatest demand for beds always occurs. It is indeed very difficult to satisfy the hospital needs of the chronic sick for the very chronicity of illnesses and the age of the patients inevitably makes for a long hospital stay, and the discharge from hospital is far more dependant on the home circumstances of the patient than it is with the acute sick. The speedier discharge home of the chronic sick was aided appreciably last year by the excellent home nursing service in the division about which I have more to say later.

The mental hospital accommodation remained difficult, particularly for those suffering from senile dementia when long admission delays were common. Admission of voluntary patients was made easier with the establishment and greater use by general practitioners of the consultant psychiatric clinic at the Beckett Hospital. The institutional accommodation for mental defectives remained, I understand, very difficult throughout the year in the region as a whole but vacancies were found for some patients in the division and much needed relief was obtained. The Occupation Centre in Barnsley was used to the maximum, but the waiting list of children in the division requiring such training grew, and I regret that no real progress was made with the conversion of the old divisional offices at The Gables, Wombwell, into an Occupation Centre. As will be seen in the section of the Report on Mental Health, which follows, there are 28 children and 12 adults who are considered fit for Occupational Centre training, and who still await vacancies. It is true that the plans for the conversion of part of the accommodation at The Gables into an Occupation Centre have been prepared and approved by the County Council, what is now required is speedier action in the translation of plans into something more solid and tangible. The provision of institutional accommodation and accommodation in occupation centres have a direct relationship and the provision of the latter will to a material extent obviate the need for the former.

General Hospitals

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

- The St. Helen Hospital, Barnsley.
- Montagu Hospital, Mexborough.
- Hallamshire Maternity Home, Chapeltown.
- Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme

Two whole-time Tuberculosis Health Visitors were engaged last year and in consequence the liaison arrangements with the Chest Centre were greatly strengthened. The preventive work in the field and the clinical work in the Chest Centre were more closely interwoven and the fortunes of the patient and the follow-up of the contacts could be more completely supervised. The percentage of contacts accepting examination was higher which materially helped in the search for the sources of infection. After-care arrangements included extra-nourishment, when recommended by the Chest Physician, in the form of free milk allowance and bed, bedding and other equipment was issued on loan to patients where necessary. Home Helps were also provided when required.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

Tuesday,	10.0 a.m. to 12.0 noon (children)
Wednesday,	10.0 a.m. to 12.0 noon.
Wednesday,	2.0 p.m. to 4.0 p.m.
Thursday,	10.0 a.m. to 12.0 noon.
Friday,	10.0 a.m. to 12.0 noon.

Venereal Diseases

The nearest centre for Dodworth patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre, Queen's Road, BARNESLEY.

Other centres are situated at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service

The calls on the ambulance service tended last year to become more stabilised though there was again a slight increase in the Out-Patient traffic. Nearly 400,000 patients were carried and about $2\frac{3}{4}$ million miles were covered last year which gives one some idea of the magnitude of the service provided.

The further slight increase in the Out-Patient traffic was largely due to an increase in physio-therapy as new or larger departments were established and the greater number of transfers between hospitals and convalescent homes as more of the latter were provided.

The stretcher cases and discharges from hospital remained relatively constant, but there was a slight increase in the admissions because of a quicker bed-turn-over. The latter was helped both by the additional convalescent home accommodation which was provided and by the efficiency and sufficiency of the Home Nursing Service in the after-care of the discharged patient. It is to be regretted that once again, with the increase in the road traffic, the accident rate for 1954 was increased. Headway in ambulance depot construction, a material factor in improving the ambulance service organisation, was made last year and one new depot, which affected the service in the division, was erected at Wath-upon-Dearne. A further new depot is planned for this year at Platts Common to replace the one in Hoyland.

Home Nursing

The total visits made by the Home Nurses in the division last year was 57,530, a really remarkable figure when compared with that which applied before the County Home Nursing Service was established in 1948. While we do not judge the service solely on its statistical record, for quality of work as well as quantity is important, yet a detailed study of last year's record is interesting if only for the light the figures throw on the many aspects of home nursing. It is worth noting, for instance, that 56% of the visits were made among the aged and infirm. Much attention in past years has been focussed on old people and on the problems of old age, and I think the amount of attention which has rightly come to be given to old people is reflected by the high proportion of the total home nursing visits they received. Again, the benefit to the hospitals of a good home nursing service is clearly illustrated by the figures last year. Over 10,500 visits were made to so-called surgical patients, the vast majority of whom were recent discharges from hospital after an operation. It is reasonable, I think, to accept that the home nursing service was instrumental last year in saving hospital bed accommodation by both obviating the necessity for admission to hospital and expediting discharge. The family doctors certainly appreciate the service for it helped by relieving them of nearly 20,000 injections. I would not, however, wish to over-stress the help of the nurse to the family doctor for he is of equal help to the nurse, indeed the co-operation between them is becoming a model of the co-operation which should exist between members of the medical and nursing professions.

The great volume of work which home nurses now have to deal with and the tendency for the amount to increase each year, emphasises the necessity for team-work and mobility about which I wrote last year. The volume of work, however, is fast becoming too much for the present nurses to manage and steps have been taken to increase their numbers this year.

Home Helps

The divisional establishment of Home Helps has increased over the years from 13 whole-time home helps or their equivalent in part-time workers to 34, and, by and large, though the strictest economy was necessary, the number about sufficed last year. Each week 240 households, on average, received domestic assistance which, with the permitted establishment, allowed of only 6 - 7 hours per week to each household with the exception of maternity cases. The amount of help each household received was obviously small, but at least all the applicants received some help and none in need was refused. Again the aged and infirm received the most benefit from the scheme for approximately 90% of the available homehelp hours went to them. As I have stated in a previous report it is not easy to administer a service which caters in the main for the aged for the infirmities of old age are progressive, however slowly, and need for the help in the aged increases as time goes by. At the beginning of the year there were 196 aged people in receipt of domestic assistance of whom 151 were still receiving assistance at the end of the year. At the beginning of 1955 there were 249 aged people receiving assistance and it is obvious that difficulties must arise in finding help for the new applicants. Indeed, the only way is by exercising the strictest economy with the pruning of hours wherever possible. As is to be expected it is in the winter months when the need for home help is greatest and it was during these months that it was most difficult to satisfy the demands.

The aged have, for some years now, received the lion's share of the homehelp scheme and perhaps it is right they should for their need is the greatest but it would be a pity, if in catering for the aged, the scheme should neglect the rest of the community. I think the financial arrangements often discourage the sick, apart from aged sick, from seeking assistance even though, at first sight, the allowances against the payment in the County Council scale seem generous. Unfortunately, the scale is not generous when only a few hours per week are allowed and the policy adopted in the division of spreading the "butter thinly over the bread" to cater for the maximum number automatically restricts the number of the home help hours allowed to each household. In consequence, some deserving households derive no financial benefit from the scheme, and for this reason I would like a change in the scheme so that the scale of charges bears a more direct relationship to the number of home help hours provided.

Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations, and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Foods and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Service

Child Welfare Clinics were held weekly at the Mechanics' Institute on Tuesdays from 2.0 p.m. until 4.0 p.m. During the year 49 sessions were held at which there was an attendance of 2,589 children, an average of 52.8 per session. 76 children were seen for the first time, all of whom were under one year of age. 751 children were examined by the doctor during the year, an average of 15.3 per session.

The sheet anchor of the child welfare service has always been the Health Visitor and the important part she has played in the service has long been recognised and appreciated by the public. The "clinic nurse", as she is so often popularly called, has ever been a source of strength to mothers and will always be so in the future. But the

duties of the health visitor have widened in recent years and her work now is with the family as a whole and not just with the younger members. The family is, obviously, the correct unit on which the health services should be based and the health visitor has an important part to play in the wider scheme. She has given much help and has spent a great deal of time in the past few years with the aged and is gaining from them the same respect and affection she has gained from the younger mothers and children. If the family is the ideal unit on which the health services should be based then all who work to preserve the health of the family must work together as a team. The co-operation of doctor and health visitor, I believe, is important for their work in prevention, if not in treatment, has similar points of interest and each has much to gain from the other. I hope that this co-operation between doctor and health visitor will steadily grow for the benefit of the community they equally serve.

Mental Health Service

The Mental Health Social Workers and the Home Teacher last year served well the parents and guardians of the mentally defective persons in the division and were also of help to those recently discharged from mental hospital where after-care was sought or was recommended by the hospital psychiatrists.

There are 179 mental defectives in the division who are under supervision of one form or other, viz:

	UNDER 16		OVER 16	
	Males	Females	Males	Females
Statutory supervision	22	23	39	44
Guardianship	-	-	1	3
Voluntary Supervision	-	-	22	25

Training of defectives is partly covered by the Barnsley Occupation Centre (11 children and 2 adults attend) and partly by a Home Teacher. The Home Teacher either gives training to groups at specified centres or individual training at home which ever is the more suitable.

Group classes are held at Wombwell - Wednesday mornings, Worsborough - Thursday mornings and Darton on Fridays.

28 children and 12 adults are awaiting admission to the Occupation Centre, either Wombwell or Barnsley, and 7 adult males are considered suitable for Industrial Centre Training.

Of the defectives in the division 72 are in gainful full-time employment and 40 are adequately employed in the home.

There are 39 males and 58 females in Institutions, who previously resided in the Division. There is no urgent case awaiting admission to an Institution but there are 3 girls and 1 boy and 5 male adults and 9 female adults on the Regional Hospital Board's waiting list for eventual admission when vacancies arise.

To ease tension in the homes, provision has been made by the Regional Hospital Board for short stay vacancies to cover illness and emergencies. Unfortunately, the demand exceeds the number of vacancies, and in the case of short stay vacancies for holidays the Hospital Board have not been able to meet all requests.

There has been an increase in the number of after-care cases visited - the Sheffield Regional Hospital Board now indicating where after-care is required, although all discharges are visited by the Social Worker to inform the patient that help is available if it is required. A good co-operation is maintained with the

Psychiatric Clinic, held on a Tuesday and Wednesday at Beckett Hospital, and a West Riding Social Worker is in attendance.

SCHOOL HEALTH SERVICE 1954

Before giving a brief statistical summary of the work of the School Health Service in your district mention must be made of the opening of a new school for handicapped pupils and the introduction of two important changes in the divisional school health scheme.

Wombwell Day Special School

This school for backward or educationally sub-normal children was opened in February in premises previously used as an Open Air School for delicate children. The educational needs of backward children cannot always be met in an ordinary school especially with the large classes which are nowadays so common. At the same time it is not an easy thing for parents to accept readily the idea that their child is backward and needs education in a special school and it was a welcome surprise to find the school so quickly accepted by parents. The school has certainly made a very good start and, with the correct usage, it should in time fill a long felt need in our educational system and satisfy the peculiar individual needs of the backward child.

Tuberculin Testing of School Entrants

This scheme was introduced last year in part of the division and will be in operation throughout the Division by the end of 1955. The idea is to test all school entrants for tuberculin sensitivity and to examine further those who show a positive skin reaction. The test is completely painless and easy to perform and consists in putting a tiny smear of tuberculin jelly on the back and covering with adhesive plaster. Those children giving a positive reaction are referred to the Chest Physician for full examination including an X-Ray film of the chest. At the same time the family contacts are urged to accept the same full examination from the Chest Physician. The test is only made with parental consent, and in the schools which have been done so far it is gratifying to find that over 80% of the parents have accepted the scheme.

B.C.G. Vaccination

Reference to the B.C.G. Vaccination Scheme for school leavers is made in the section of the report dealing with Tuberculosis but is repeated here because of the close association of the scheme with the scheme for the tuberculin testing of school entrants. Both are concerned with the prevention of tuberculosis in the community but each approaches the problem from a different angle. In tuberculin testing the school entrants we aim to find the positive skin reactors and from them to trace the hidden sources of infection. With the B.C.G. Vaccination Scheme we aim at protecting the individual himself rather than the community as a whole and therefore we search for the negative skin reactors. It is these children who are susceptible to Tuberculosis and by vaccination we try to protect them against the disease and particularly during the difficult years of adolescence which lie ahead of them.

The statistical summary which follows shows the results of school medical inspections made last year in your district and the attendances at the various clinics.

Routine School Medical Inspections were carried out by Dr. R. Barnes at the undermentioned schools.

Dodworth Keresforth Road Secondary & Infants School.
Dodworth Church of England J.G. & I. School.
Dodworth Green Road J.M. School.

SUMMARY OF DEFECTS FOUND

<u>Schools Visited</u>	<u>No. of children examined</u>	<u>Ocular</u>	<u>DEFECTS FOUND</u> <u>E.N.T.</u>	<u>Heart</u>	<u>Lungs</u>	<u>Orth.</u>	<u>Others</u>	<u>No. passed for treatment</u>
Dodworth Keresforth Rd. Sec. & Infants	98	2	3	1	-	1	3	4
Dodworth C. of E. J. G. & Infants	113	-	8	-	2	2	6	9
Dodworth Green Road Junior Mixed	63	9	5	1	1	-	1	7
	274	11	16	2	3	3	10	20

SCHOOL CLINICS

No. of children who attended and were seen by Doctor

Mechanic's Institute,
High Street,
Dodworth. 61

MINOR AILMENTS CLINIC

No. of individual children treated by Health Visitors 102
Total Attendances 110

SPECIALIST CLINICS

OPHTHALMIC CLINICS (70 sessions held in 1954)
Mr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist.

No. of children examined 66

Orthopaedic Clinics (12 sessions held in 1954)
Mr. T. L. Lawson, F.R.C.S. Orthopaedic Surgeon.

No. of children examined 2

EAR, NOSE AND THROAT CLINICS (11 sessions in 1954)
Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined 5

PAEDIATRIC CLINICS (1 clinic per month)
Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician.

No. of children examined 8

SPECIAL CLINICS

Speech Therapy Clinic

Mrs. P. J. Battye, L.C.S.T., Speech Therapist.

No. of individual children seen	2
Total attendances	32

Child Guidance Clinic

Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist.

No. of children seen	..	..	0
Total attendances	..	..	0

SANITARY CIRCUMSTANCES OF THE AREA

The number of inhabited houses at the end of the year was 1,209. 62 new houses were completed during the year of which 60 were built by your Council. A detailed analysis of the housing situation is given in the report of the Sanitary Inspector.

GENERAL EPIDEMIOLOGY

The incidence of notifiable infectious diseases was remarkably low last year. Only 14 cases were notified as compared with 59 for the previous year. A record of the notifications is given below.

Notifiable Diseases (other than Tuberculosis)
during 1954.

		Total Cases Notified	Admitted to Hospital	Deaths
Measles ..	..	5	-	-
Pneumonia	..	2	2	1
Acute Poliomyelitis:				
a. Paralytic		2	2	-
b. Non-Paralytic		-	-	-
Scarlet Fever..		5	2	-
		—	—	—
TOTALS		14	6	1
		==	==	==

Scarlet Fever

The disease was generally mild in character and so although 5 cases were notified only 2 required admission to hospital, and in both instances admission to hospital was sought more because of difficulty of isolation and nursing at home than because of the severity of the illness.

Whooping Cough

It is very pleasant to record that no cases of Whooping Cough were notified last year and at the same time I think it is appropriate to report on the progress made in Whooping Cough immunisation. Last year 32 infants were immunised or approximately 50% of the total under one year of age. There is every indication that this progress will be maintained and may be in the not too distant future it will not be unusual in an annual report to record the continued absence of Whooping Cough from your district.

Smallpox and Diphtheria Prophylaxis

Progress in vaccination was again disappointing last year for only 8 infants, less than 15% of the total births, were vaccinated. It is difficult to know how to convince parents of the need for vaccination in infancy, but because I believe it is important and still necessary, even though so very few cases of Smallpox occur in England, I must continue to urge vaccination and hope for more generous progress. Perhaps the example of the few may help in time

to resolve the apathy or unbelief of the many.

The diphtheria immunisation statistics were better than those for the previous year, though the percentage for the younger age group is still below that which I would like to see. By the end of last year 73.4% of all children between the ages of 0-14 years were immunised with 48.6% of children under the age of 5 years and 82.6% over that age protected. The disparity between the two age groups remains though it was encouraging to find that 48 infants and toddlers were immunised at the clinic last year. Nevertheless, 41 of the children immunised at school were receiving their first immunisation and it is difficult to understand why some parents will only accept immunisation when their children reach school age and not before. Diphtheria attacks children of all ages, young or old, and immunisation has far less local reaction with the infant than with the older child. While we welcome the progress made last year let us hope and work for much greater progress especially in the younger age group.

Tuberculosis

Four new cases of Pulmonary Tuberculosis were notified last year. There was no new case of Non-Pulmonary Tuberculosis. One death from Non-Pulmonary Tuberculosis was reported.

Comments on annual Tuberculosis statistics for small districts must be restrained if they are not to be misleading and it is far better to consider the general trend over the year. The evidence points to a downward trend both in incidence and mortality but the rate of decline in your district is as yet slow. Last year preparations were made for the early introduction in 1955 of an important preventive measure which I believe can hasten the rate of decline of Tuberculosis in the district. The measure I refer to is an extension of the B.C.G. vaccination scheme which for some years has been offered to child contacts of open cases of Pulmonary Tuberculosis with an ever increasing number of acceptances. Last year it was planned to extend the scheme to school children in the 13 years age group irrespective of previous contact with Tuberculosis. Those, who by a simple skin test, show a lack of immunity against the disease will be vaccinated. The age group of 13 years old children was chosen because it allows of a full year's supervision before the child leaves school. It is intended to make the vaccination of this age group an annual event so that all school leavers in the years ahead will be protected against Tuberculosis through the difficult period of adolescence which confronts them. The response of the Dodworth parents to this scheme was magnificent and I believe an excellent scheme has been successfully launched. The beneficial effects of the scheme can be awaited with confidence.

TUBERCULOSIS - New Cases and Mortality in 1954

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 - 1 year	-	-	-	-	-	-	-	-
1 - 5 years	-	-	-	-	-	-	-	-
5 - 10 years	-	-	-	-	-	-	-	1
10 - 15 years	-	-	-	-	-	-	-	-
15 - 20 years	-	-	-	-	-	-	-	-
20 - 25 years	-	-	-	-	-	-	-	-
25 - 35 years	-	1	-	-	-	-	-	-
35 - 45 years	-	-	-	-	-	-	-	-
45 - 55 years	-	1	-	-	-	-	-	-
55 - 65 years	1	1	-	-	-	-	-	-
65 years and over	-	-	-	-	-	-	-	-
 TOTALS	1	3	-	-	-	-	-	1

TUBERCULOSIS - New Cases and Mortality for the past ten years.

Year	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
1945	1	-	-	-	-	-
1946	1	2	1	-	-	-
1947	1	2	1	-	-	-
1948	-	-	-	-	-	-
1949	9	2	-	-	-	-
1950	3	-	-	-	-	-
1951	5	-	-	-	-	1
1952	6	1	-	-	-	-
1953	2	-	-	-	-	-
1954	4	-	-	-	-	1

TUBERCULOSIS - Record of Cases during 1954

	Pulmonary				Non-Pulmonary			
	M	F	M	F	M	F	M	F
No. of cases on register at 1st January, 1954	13	10	-	-	1	2
No. of cases notified for first time during year	1	3	-	-	-	-
No. of cases restored to register	-	-	1	-	-	-	-	-
No. of cases added to register otherwise than by notification	..	-	-	-	-	-	-	1
No. removed to other districts	..	2	1	-	-	-	-	-
No. cured or otherwise removed from register	-	1	-	-	-
No. died from disease	-	-	-	-	1
 Total at end of 1954	12	12	-	-	1	2

DODWORTH URBAN DISTRICT COUNCIL

Annual Report of the Sanitary Inspector
for the year ending 31st December, 1954.

Mr. Chairman, Gentlemen,

I have the honour to present my third annual report on the sanitary circumstances of your district for the year ending 31st December, 1954.

In presenting this report I wish to thank the Members of the Council, the Medical Officer of Health, the Clerk of the Council and the Chief Clerk for their support during the year.

HOUSING

During the year all the houses on the South Road No. 1 Extension Scheme were completed and occupied by persons from the Council's Housing List. In addition 4 houses were completed and occupied on the South Road Extension Scheme No. 2.

The following new houses were completed during the year:-

By Local Authority	60
By Private Enterprise	2

I am pleased to report that during the year it was possible to commence work on the demolition of individual unfit houses and to re-house the tenants of these houses on the No. 1 and No. 2 South Road Extension Schemes.

The following 10 houses were dealt with under Section 11 of the Housing Act 1936 and as a result of the owners not making an offer as to the future use of the houses, demolition orders were served on the premises.

106 High Street	
13 Jermyn Croft	
14	
16	
17	
12 Tanyard	
6 The Gate	
8 ..	
12 ..	
13 ..	

In addition the owner of No. 3 The Gate offered to carry out the necessary works to bring his premises up to the required standard following the service of notice under Section 11 of the Housing Act 1936.

I would point out however, that in this case the cost of carrying out the necessary works was not considered reasonable but due to the fact that the owner was employed in the building industry he carried out the majority of the repairs himself and obtained his materials at cost price.

COUNCIL HOUSES

The maintenance of Council houses was again carried out by direct labour except for plumbing repairs and the external painting of 42 houses on the Snow Hill Estate.

External painting was carried out to 110 houses during the year, this figure includes 42 houses which were painted by contract on the Snow Hill Estate, and 736 job cards were returned during the year in connection with works carried out by the Joiner and Bricklayer, in the maintenance of Council houses.

HOUSING STATISTICS

1. Inspection of dwelling houses during the year

2. Remedy of defects during the year without service of formal notices

Number of defective dwelling houses rendered fit
in consequence of informal action by the Local
Authority or their officers. 706

3. Action under Statutory Powers during the year

(ii) Number of dwelling houses in which defects were remedied after service of formal notices		
(a) By Owners	5	
(b) By Local Authority in default of owners	-----	
(c) <u>Proceedings under Sections 11 and 13 of the Housing Act, 1936</u>		
(i) Number of representations, etc. made in respect of dwelling houses unfit for habitation	14	
(ii) Number of dwelling houses in respect of which Demolition Orders were made	13	
(iii) Number of dwelling houses demolished in pursuance of Demolition Orders	13	
(iv) Any action under Section 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953? If so, what? - Representation for closing order on one house, undertaking accepted from owner to carry out necessary repairs.		
(d) <u>Proceedings under Section 12 of the Housing Act, 1936</u>		
(i) Number of separate tenements or underground rooms, in respect of which Closing Orders were made	-----	
(ii) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit.	-----	

REMOVAL OF TENANTS TO COUNCIL HOUSES

The system of inspecting bedding and furniture for vermin prior to removal into Council houses was continued throughout the year and where evidence of vermin was found arrangements were made for the treatment of all furniture and bedding by hydrogen cyanide.

During the year 4 removals were carried out by special vehicle in order that disinfection of furniture and bedding could be carried out because of the presence of bed-bugs. In two cases it was found that the bed-bugs had been brought into the premises in second-hand cots and the occupants were not aware of the infestation. In one case the bedding was found to be infested by fleas, the bedding and furniture were again removed in a special vehicle.

VERMIN

Once again the refuse tip was treated with Gammexane Dust in order to control the number of crickets. This has proved most satisfactory and I am pleased to report that no widespread infestation of the refuse tip occurred during the year.

VERMINOUS PREMISES

During the year two Council houses were found to be badly infested with bed-bugs, the tenants were therefore notified to find alternative accommodation for 48 hours and the premises were fumigated with hydrogen cyanide liquid gas.

It will be noticed that in all cases of bed-bug and flea infestation of premises, hydrogen cyanide gas is being used for the purpose of fumigation. The reason this method is adopted is that in my opinion it is the only satisfactory method of destroying the vermin and eggs in the premises and the work is carried out by specialist contractors. Where liquid sprays are used it has been found by experience that though the vermin are destroyed the eggs hatch out after the liquid has become ineffective, and the premises become re-infested.

CONVERSION OF WASTE WATER CLOSETS

There have been no conversion of waste water closets to water closets during the year but the necessary arrangements have been made with the owners of the following premises served by waste water closets for their conversion to water closets:-

35 Station Road
37
39

In addition it is hoped that the other waste water closets will be converted during the coming year.

I would like to point out that in the statistics for 1953 the number of waste water closets in the district was given as 9, however a survey of the district shows that there are only 4 waste water closets in the district including the 3 mentioned above.

The following table shows the number and type of Sanitary accommodation in the district.

No. of privies with open middens or open ashpits	Nil
No. of privies with covered middens or covered ashpits	22
No. of pail or tub closets	3
No. of trough water closets	Nil
No. of waste water closets	4
No. of pedestal water closets	1209
<hr/>	
TOTAL NUMBER OF CLOSETS	1238
<hr/>	

Percentage of closets on the water carriage system 97.9%.

PUBLIC CLEANSING

The collection and disposal of refuse was carried out during the year at a total cost of £1,841 and the weekly system of refuse collection was maintained except for 2 weeks during the year, when the vehicle was employed on snow removal and road gritting.

A number of changes again took place in the public cleansing staff and it is still difficult to find suitable labour for this kind of work.

Absenteeism among the workmen was again very high during the year and in order to maintain a regular collection of household refuse other services had to be curtailed.

Following correspondence between the Council and the National Coal Board the shale content of the miners home coal was greatly reduced towards the end of the year.

Tipping throughout the year was carried out on the refuse tip on the Miner's Welfare Recreation Ground and once again tins were salvaged from the refuse and delivered to the Barnsley Corporation Depot at Pogmoor.

Though waste paper collection was not carried out on a large scale the following figures show the amounts received for salvage during the year:-

						£	s	d
Salvage Paper	..	..	..	..	..	51	17	0
Salvage Tins	..	..	..	..	..	37	1	0
Salvage Rags	..	..	..	..	..	3	15	6
						<hr/>		
TOTAL						92	13	6
						<hr/>		

PUBLIC CONVENIENCES

The public conveniences in the district were again inspected at regular intervals and every effort was made to keep them in a clean and wholesome condition. I regret however that once again the premises were abused.

RODENT CONTROL STATISTICS

The total number of properties inspected and treated during the year are shown on the following table:-

	<u>Local Authority</u>	<u>Dwelling houses</u>	<u>Other Premises</u>	<u>Total</u>	<u>Agricultural</u>
As a result of					
{a) Notification					
{b) Survey	5	42	-	47	2
{c) Otherwise	-	--	21	21	-
Total inspections carried out - including re-inspections	39	50	48	139	2
Numbers of Properties treated by Local Authority	1	4	--	5	1

It was not found necessary to serve any notices under the Prevention of Damage by Pests Act, 1949 during the year.

In one instance during the year it was found that the refuse tip was badly infested with rats and an inspection revealed that adjoining agricultural land was also badly infested. The refuse tip and adjoining land was therefore treated as a major infestation and a block control treatment of the land was carried out.

COLLIERY SPOIL BANK

The spoil bank at the Old Silkstone Colliery has been kept under observation during the year by the Inspector of Alkali Works and myself and the National Coal Board have used water sprays and

bulldozers in an endeavour to restrict nuisance.

I regret however that during one period of the year it was necessary for the Inspector of Alkali Works to spend a considerable amount of time at the colliery advising the engineer on what action to take to reduce nuisance caused by a fire on the North Eastern corner of the spoil bank. The engineer was most co-operative and the nuisance was brought under control.

MOVEABLE DWELLINGS

At the end of the year the only moveable dwellings remaining in the district were as follows:-

Dodworth Station - used as a temporary dwelling by a permanent way inspector for British Railways.

Water Royd Farm - used as an agricultural dwelling.

Both sites were well maintained and no nuisance or cause for complaint was dealt with during the year.

MILK

There are 5 distributors of milk registered in the district all are selling specially designated milks. The following licenses were granted under the Milk (Special Designation)(Pasteurized and Sterilized) Regulations, 1949:-

Tuberculin Tested	3
Pasteurized	3
Sterilized	1

ICE CREAM

The Ice Cream factory in the district was visited periodically and no cause for complaint was found.

There are 7 retailers of ice-cream in the district all selling wrapped ice-cream.

MEAT INSPECTION

Following the de-control of meat in July the slaughter house owned by Mr. A. Taylor in High Street was re-opened and the meat sold by the private butchers in the district was slaughtered in the slaughter house. The remaining butchers' shops in the district continued to receive their meat from the Public Abattoir at Barnsley. The quality of the meat slaughtered was reasonable and I append below a table showing the number of animals slaughtered and the parts condemned as unfit for human consumption.

Animals Slaughtered

Cattle	62
Sheep	126
Pigs	19
Calves	1

The following parts were surrendered as unfit for human consumption, all were from slaughtered cattle:-

17 pairs of lungs - Tuberculosis
10 heads and tongues - Tuberculosis
5 Livers - Liver Fluke
2 kidneys - Cystic
2 intestines - Tuberculosis

In all cases the carcase was free from disease and fit for human consumption.

I am pleased to report that in all cases where parts of animals have been declared unfit for human consumption the butchers concerned have offered no objections to their surrender. The majority of the slaughtering has taken place on Sundays and meat has been inspected at the time of slaughter. In this connection I would like to express my thanks to Mr. G. E. Millar, Sanitary Inspector to the Royston Urban District Council who has carried out meat inspection duties in Dodworth at the time of slaughter whilst I have been absent on annual leave and therefore a 100 per cent inspection of all animals slaughtered in the district has been possible since the de-control of meat.

FACTORIES ACT

There were no Statutory notices served under the Factories Act during the year and inspections made during the year are given on the table below:-

	<u>Number on Register</u>	<u>Inspec- tions</u>	<u>Written Notices</u>	<u>Occupier Prosecut-</u>
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	-	-	-	-
Factories not included in (i) above in which Section 7 is enforced by the Local Authority	5	24	-	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	-	-	-	-
TOTAL	5	24	-	-

MORTUARY

The cleansing of the mortuary was again carried out by direct labour and no structural works of repair were required.

SANITARY INSPECTION OF THE DISTRICT

The following table gives particulars of inspections carried out during the year:-

Water Supply	5
Drainage	73
Sewage Disposal	10
Factories	24
Public Conveniences	99
Refuse Collection	18
Rats and Mice	179
Spoil Bank	11
Survey for town map	240
Re-inspections	225
Interviews	106
Surveyor Miscellaneous	254
Houses inspected under the Public Health Act	720
Visits paid to above houses	1324
Houses inspected under the Housing Act	14
Visits paid to above houses	29
Visits paid in connection with housing list	140
No. of houses inspected (filthy or verminous premises).	31
Enquiries in connection with an infectious disease	16
Visits to slaughter houses	59
Visits to butchers' shops	33
Visits to dairies and milk producers	9
Visits to grocers	11
Visits to ice-cream premises	32
Refuse Disposal	39

I am Gentlemen,

Your obedient servant

W. MURRAY.

Sanitary Inspector.

